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chronic catarrh of the stomach and fatty degeneration of the liver. The addition to the spirit of 3 per cent of amyl alcohol increased the disturbances and caused death in less than half the ordinary time; and 1 per cent aggravated single symptoms, not however sufficiently to hasten death.

The Etiology of Dipsomania and Heredity of "Alcoholic Inebriety."

LEWIS D. MASON, M. D. Quarterly Journal of Inebriety, Oct., 1888.

Dr. Mason gives the testimony of a large number of physicians, including noted specialists, as to the neuro-psychic degenerations in the offspring of alcoholic parents, and has added tables of 600 cases treated at the Inebriates' Home, Fort Hamilton, N. Y. Of the 600 cases, 265 showed inebriate ancestry, distributed as follows:

Fathers.....	168	Brothers.....	16
Mothers.....	9	Grandfathers.....	12
Fathers and other		Grand-parents.....	2
relatives.....	32	Other relatives.....	26

Thirty-eight showed insane ancestry. In 501 of the 600 the tendency to inebriety appeared between the ages of 15 and 35, in 294 between 15 and 25. Dipsomania is perhaps individually acquired and may result from traumatism, but is generally inherited; there is therefore justification for the term "inebriate diathesis."

In the same number of the *Journal of Inebriety*, Dr. T. L. Wright gives testimony from the English alienists on the same question, and in a third article is gathered a portion of the replies to a question sent out to physicians by the same journal as to the liability of the descendants of inebriates to inebriety, insanity, phthisis, etc.

Inebriate Asylums and their Work. T. D. CROTHERS, M. D.

This pamphlet is part of a lecture before the Y. M. C. A. at Toronto, by one of the foremost representatives of the disease theory of inebriety. The author sketches briefly the history of that theory, the history and present conditions of asylum work, the classes of patients that come and the plan of treatment. In conclusion he mentions some general principles of management, and points to the future before such institutions.

The Question of Responsibility in Inebriety. T. D. CROTHERS, M. D.

Alienist and Neurologist, January, 1889.

Four lines of examination will throw light on the question: (1) as to the periodicity of the drinking spells; (2) the immediate connection of alcohol with the crime, its lack of motive, the manner of its execution; (3) the cause of the inebriety—traumatism, etc.; and (4) heredity. When the indications from these concur, insanity and irresponsibility are tolerably certain. The real test is not knowledge of right and wrong, but power of control, which is often to be determined only by careful study of the case. Inebriety is itself a sign of lack of control. In general, all inebriate criminals are of unsound mind. The limits of responsibility cannot be drawn in such a hazy border-land of insanity, and the burden of proof should rest on those that hold the inebriate to be sane.